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AUG 22 2005

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7590

08/10/2005

Joseph S. Tripoli
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08/24/2005 TBESHAH2 00000005 070832 09775395

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Lori Klewin	(Depositor's name)
<i>Lori Klewin</i>	(Signature)
8-22-05	(Date)

01 FC:1501 1400.00 DA	02 FC:1504 300.00 DA	03 FC:1504 15.00 DA	APPLICATION NO. 300,000	FILING DATE 02/01/2001	FIRST NAMED INVENTOR Bret David Hawkins	ATTORNEY DOCKET NO. PU010024	CONFIRMATION NO. 7987
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TITLE OF INVENTION: SYSTEM AND METHOD FOR PROCESSING A PROGRAM ALREADY IN PROGRESS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/10/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, HUY THANH	2616	386-083000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Joseph S. Tripoli

2 Robert D. Shedd

3 Reitseng Lin

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Thomson Licensing

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boulogne-Billancourt, France

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 5

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-0832 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Reitseng Lin*

Date 8/22/05

Typed or printed name Reitseng Lin

Registration No. 42,804

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